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IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF SOUTH CAROLINA

Jomes Michael Howard) Civil Action No 8 16-CV-518-DCH-JC
[Enter the full name of the plaintiff in this action]	(to be assigned by Clerk)
Becofficer Mr. Chance Unit Manager Mr. Rose	COMPLAINT State Prisoner Some Shittoword
Mr. Larins	
Enter above the full name of defendant(s) in this action	2016 MAR -
I. PREVIOUS LAWSUITS	GREEN 7 PA
 A. Have you begun other lawsuits in state or federal court dealing wi otherwise related to your imprisonment? B. If your answer to A is Yes, describe the lawsuit in the space belanditional lawsuits on another piece of paper using the same outline. 	No
1. Parties to this previous lawsuit:	
Plaintiff: 1 Me	
Defendant(s): Of Walters Mr P	rose Dona Smith
2. Court: (If Jederal court, name the district; if state court	The second secon
3. Docket Number: 8: 15	1000, name the country)
4. Name(s) of Judge(s) to whom case was assigned:	uelun DAustin
5. Disposition: Pending	THE THE STATE OF T
(For example, was the case dismissed? Appea	aled? Pending?)
6. Approximate date of filing lawsuit:	2015
7. Approximate date of disposition:	The same and a same

11	1. PLACE OF PRESENT CONFINEMENT KINKland Correction al Institution
	A. Name of Prison/Jail/Institution: Con Rep 10 De 10 Orale Game 2 (Constant)
	B. What are the issues that you are attempting to litigate in the above-captioned case?
-•	C. (1) Is there a prisoner grievance procedure in the state of the sta
	C. (1) Is there a prisoner grievance procedure in this institution? Yes No
	(2) Did you file a grievance concerning the claims you are raising in this matter?
	When Attended by Bob Sheld Grievance Number (if available) Patient ADVOCAT
	D. Have you received a final agency/departmental/institutional answer or determination concerning this matter (i.e., your
	E. When was the final agency/departmental/institutional answer or determination received by you?
	If possible, please attach a copy of your grievance and a copy of the highest level decision concerning your grievance that you have received.
	F. If there is no prison grievance procedures in this institution, did you complain to prison, jail, or institutional authorities?
	G. If your answer is YES:
	1. What steps did you take?
	2. What was the result?
III.	PARTIES
	In Item A below, place your name, inmate number, and address in the space provided. Do the same for additional plaintiffs,
	A. Name of Plaintiff: James Howard
	Address: Pegind Care Center Inmate No.: 30/6//
	In Item B below, place the full name of the defendant, his official position, and place of employment in the space provided. Use Item C for additional defendants, if any.
	B. Name of Defendant:
	Place of Employment: 60 ambia Regional care center
(C. Additional Defendants (provide the same information for each defendant as listed in Item B above):
	Mr. hose Golumbia Regional Care (Inter
	Mr Larins Colombia Regional Care Center

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IV. STATEMENT OF CLAIM

State here, as briefly as possible, the <u>facts</u> of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes, much space as you need. Attach an extra sheet if necessary.

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State briefly and exactly what you want the court to do for you.	
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that the foregoing is true and correct	t.
med this day of M WCM	.20 16
Jomes Boronal	, 20

Signature of Plaintiff

V. RELIEF